CYTOGENETICS

PATENT NO. 2221208 B

JB-24462

IF LABEL USED APPLY BELOW

CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE
CENTRAL PARKWAY, NEWCASTLE UPON TYNE NE1 3BZ
TEL 0191 241 8700 FAX 0191 241 8713

REQUEST FOR CHROMOSOME ANALYSIS

PATIENT'S SURNAME | D.O.B.

FORENAME(S) | M / F

PATIENT'S ADDRESS

POSTCODE

HOSPITAL | WARD

HOSPITAL No. | NHS No.

CONSULTANT | REPORT TO

G.P. / PRACTICE | DELETE AS NECESSARY NHS / PRIVATE

IF AGED UNDER 16 PLEASE GIVE

MOTHER'S NAME D.O.B.

NHS No.

FOR LABORATORY USE

SAMPLE TYPE .....
SEE OVER FOR INSTRUCTIONS

CLINICAL DETAILS AND REASON FOR REFERRAL

Samples will be processed only if full information is given

In submitting this sample, the clinician confirms that consent for the investigations requested has been obtained.

Date of Specimen ..... Time Taken .....

Signature .....

Print Name .....

Contact No. .....

CYTOGENETICS

LABORATORY NOTES

Blood Samples

For **G-banding** in patients with possible trisomies (including Down syndrome), sex chromosome investigations or infertility, please send 5ml venous blood in a LITHIUM HEPARIN tube to arrive the same or next day.

For **array CGH** in patients with e.g. developmental delay and/or dysmorphic features, please send at least 2ml blood in EDTA. Array CGH will identify copy number changes at a higher resolution than G-banding. Array CGH will NOT detect balanced rearrangements and has limited sensitivity for the detection of mosaicism.

For all **URGENT** referrals, such as newborn babies, please send a minimum of 2ml blood in LITHIUM HEPARIN and 1ml blood in EDTA.
0191 241 8702

PLEASE DO NOT USE TUBES WITH A CAPACITY OF LESS THAN 2ml

Amniotic Fluid Samples

10-20ml in a sterile plastic universal bottle, to arrive the same or next day. Store at room temperature if kept overnight. Details of LMP, scan and any relevant obstetric history should be given. Inform laboratory when specimens are sent. 0191 241 8795

Chorionic Villi

In transport medium provided, to arrive at the laboratory without delay. Details of LMP, scan and relevant obstetric history should be given. Inform laboratory when samples are sent. 0191 241 8795

Bone Marrow

Please send in tubes of culture medium (provided by Cytogenetics), without delay. **Please ensure same day receipt in laboratory.**
Inform laboratory when samples are sent. 0191 241 8703

Solid Tumours

By arrangement only. 0191 241 8703

Skin, Fetuses, Fetal Material and Products of Conception

IT IS IMPORTANT THAT THE CORRECT SPECIMENS ARE SENT. PLEASE CONSULT YOUR PROTOCOLS OR CONTACT CYTOGENETICS IF YOU ARE UNSURE.
Send smaller samples in sterile saline. Send fetuses and large specimens in a clean, sterile container. If possible, send the same day. Otherwise, store at 4˚C overnight. Include the placenta with any fetus. DO NOT ADD FIXATIVE. DO NOT FREEZE. Give gestation and details of relevant obstetric history.

Fetuses requiring post mortem will be forwarded to Pathology at the Royal Victoria Infirmary, Newcastle, unless alternative instructions are received. Fetuses not requiring a post mortem will be returned to the referring hospital. ER/POC will be cremated by the RVI unless alternative instructions are received. 0191 241 8796

User Manual

Copies of the user manual may be requested by telephone: 0191 241 8700 or downloaded from http://www.newcastle-hospitals.org.uk/services/northern-genetics.aspx

PLACE SPECIMEN CONTAINER IN BAG AND PLACE BAG ON FLAT SURFACE. REMOVE PROTECTIVE STRIP, FOLD ONTO BAG AND SEAL FIRMLY

CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE
CENTRAL PARKWAY, NEWCASTLE UPON TYNE
NE1 3BZ
TEL 0191 241 8700 FAX 0191 241 8713

CYTOGENETICS